B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforshould state Exact statement of OCCUPA. PHYSICIANS AGE should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	05400
1. PLACE OF DEATH		45)	3-1
County / Occ	see	Registration Dist. No.	201
Village or City Reg	Grange	No. 97 Super Ideal  I death occurred in a horpital or institution, give its NAME instead of st	St., Ward
Length of residence in city or fowy where o	//		
2. FULL NAME Here	ryCephas	adsius	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or to	own and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ATH
Mole Africa	5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write the word)	21. DATE OF DEATH May 79 (Month) (Day)	
5a. If married, widowed, or divorced HUSBAND of	0 1.	(Month) (Day)	(Yaar)
(or) WIFE of	Calsen	1 HEREBY CERTIFY That I a	attended deceased from
	1870	1 1 10 10 10 10 10 10 10 10 10 10 10 10	3/4 19
7. AGE Years Months	Days If LESS than	I løst saw har alive on 250 f	19; death is sald
. AGE TOOLS	I day,hrs.	to have occurred on the date stated wove, at 202m. The PRINCIPAL CAUSE OF DEATH and related causes of important	nce
8. Trade, profession, or particular	ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armer	tion to the test	1-030
9. Industry or business in which		Omaco y control se	7/5/
work was done, as SILK MILL, SAW MILL, BANK, etc.	******		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this	7	
Ma.	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	cesury con		19-
1 -11	Call	(Memme ) Xam	1735
13. NAME Seedy 14. BIRTHPLACE (city or town)	Continues.		
14. BIRTHPLACE (city or town)	cesus	Name of operationD	ate of
(State of Country)	garyguna	What test confirmed diagnosis? Was the	hera an autopsy?
15. MAIDEN NAME	surveyes	23. If death was due to external causes (VIOL ENCE) fill in also tha	
16. BIRTHPLACE (city or town)	Cesu Clo	Accident, suicide, or homicide? Date of injury	
(State opcountry)	Degrand	Where did injury occur? (Specify city or town, county	and State)
17. INFORMANT REPLECE	ruco Med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUI	BLIC PLACE.
18. BURIAL, CREMATION, OF LEMOVAL	he -	Manner of injury	
Plackley Drauge	Date May 3/ , 1934	Nature of injury	
19. UNDERTAKER PRINTED TO	Steven	24. Was disease or injury in any way related to occupation of decea	sed?
20. FILED 5/3/ , 19 34 R	Low Swith	If so, specify (Signed)	M. D.
	Registrar.	(Address)	1
If more	blanks ard needed, address'State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05401
1. PLACE OF DEATH	82-8) 351
County Wascesty Co.	Registration Dist. No.
Village or City (Mest Pest office) Edward	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Merry celice Boune	le le
(a) Residence: No. J Calud 4 /	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Ferrale White S. SINGLE, MARKED, WIDOWED, OR DIVORCED (write tha word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walker Bessel	1 HEREBY CERVIFY, That I attended decaased from  Mee 1 3 5, 1934, to Mee 1 6 7, 1934
6. DATE OF BIRTH (month/day, and year) 8 m oo. 10 day 1873	Hast saw has & allve on Mas 157 , 1937; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated ebove, at 8 m.
6 / G / 1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	were as follows:  Date of onget  113/
A Title Profession, or particular to the control of	
10. Date deceased last worked at this occupation (month and //2/3 from spant in this occupation from this occupation from the spant in the	
12. BIRTHPLACE (city or town) Worcastis CU.  (State or country)	Other Contributory Causes of importence:
W 13. NAME I the Castes	(
14. BIRTHPLACE (city or town) MISSING OF COUNTY (State or country)	Name of operation. Date of
(State of Country)	What test confirmed diagnosis? Chine Was there an autopsy?
15. MAIDEN NAME Leggy Pusey	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
17. INFORMANT Meller Bounds	(Specify city or lown, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALOR COLOR 5/19 1934	Manner of injury
19. UNDERTAKER Holloway & Co- (Address) Salisbury ned.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5/18, 19 34 DERoy Sunth	(Signed) M. D.  (Address) f. Market Colpanie
If more blanks are field allow State British	N CO 1 C. DI. D. CI C. M.

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Example I	-17	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

BINDING RESERVED ARGIN

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

(Day)

Date of onset

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH of Registration Dist. No. pluods County item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_\_ds. Length of residence in city or town where death occurred statement PHYSICIAN 2. FULL NAME (a) Residence: No RECORD. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH Exact PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE OR DIVORCED (write the word) (Month) (Year) classified 5a. If married, widowed, or divorced HUSBAND of That I attended deceesed from 22. (or) WIFE of M 6. DATE OF BIRTH (month, dey, end year) properly If LESS than to heve occurred on the date stated above, at \_\_ ..... 7. AGE Years Months Days FOR 1 dey, -----hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 0 or \_\_\_\_ min. were as follows Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.... RESERVED pe may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ 11. Total time (years)
spent in this 10. Date deceesed last worked at this occupation (month end that occupation. instructions Other Contributory Causes of Importance: ARGIN 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME in plain (State or country) What test confirmed diagnosis?\_\_\_\_\_ be carefully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: important. Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ 19\_\_\_\_ CAUSE OF DEATH 16. BIRTHPLACE (city or town Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods very (Address) 18. BURIAL, CREMATION, OR BEMOVAL Manner of injury -WRITE mation Nature of injury LION 24. Was disease or injury in any way releted to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

S. No.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1884	and the same of th		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	OF MARYLAND—	CERTIFICATE OF DEATH	05404
1. PLACE OF DEATH		948	00101
County Worcester	~ X	Registration Dist. No.	3/
Village or City	Hull	NoSt.,	Ward
Length of residence in city or town where		death occurred in a horpital or institution, give its NAME instead of street in ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Wollie	6 Collins		
(a) Residence: No.	2. O.	St., Ward.	
(a) nesidence. No.	(Usual place of abode)	If nontesident give city or town	and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Н
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the work)	21. DATE OF DEATH	- 4
Temale white	widowed	(Month) (Oay)	, 193(Year)
5a. If married, widowed, or divorced HUSBANO of	1000	22I HEREBY CERTIFY. That I atten	
(or) WIFE of Shome	as 10. (ollins)	1 HEREBY CERTIFY. That i atten	
6. DATE OF BIRTH (month, day, and year)	bril 20 1884	I last saw h 12 alive on 19	; death is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 8	
\$0 0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	
8. Trada, profession, or particular	. 1	40	Oate of enset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jousewife	Ceronary Fhrombersio	5/22/31
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Anna Hanna	<u></u>	///
SAW MILL, BANK, etc	11. Total time (years)	/	
this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town)	1 2 1	Other Contributory Causes of Importance:	
(State or country)	ausland		
13. NAME Many	of Binan		
13. NAME CANALA  14. BIRTHPLACE (city or town)	- Comment	Nama of operation Date (	
(State or country)	Maryland	What test confirmed diagnosis? Was there	),,
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	atthialam)	23. If death was due to external causes (VIOLENCE) fill in also tha folio	
16. BIRTHPLACE (city or town)	10	Accident, suicide, or homicide? Date of injury	
(Stata or country)	yarylanes	Where did injury occur?	
17. INFORMANT La Morray	of Sallins	(Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	State) PLACE.
(Address) Drow	full Snd		
18. BURIAL, CREMATION, OR REMOVAL	Man 14 311	Manner of injury	
Picofinity am	Date / / 1934	Nature of injury	
19. UNDERTAKER Afanne to	fermal /	24. Was disease or Injury in any way related to occupation of deceased?	no
(Address) Anow	full Sng	If so, specify	
20. FILED 5/23, 1934 &	Froy Sweth	(Signed) All Market Mar	M. D.
	Registrar.	(Audiess) See Co. 1	
If more	t Dianks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year,

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH  County WORLESTER	Registration Dist. No. 350
Village or City POLOMOKE City R.	O#3 No. St., Wa
Vinage of Oity	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence In city or town where death occurredyrs,	mosds. How long In U.S. if of foreign birth?yrsmos,
2. FULL NAME ELVA . COBES	
(a) Residence: No. FOLOMOKE Lity Md 2. (Usyal place of abode)	OFF St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	
If married, widowad, or divorcad HUSBAND of Cory WIFE of	22. AC   BEREBY CERTIFY. That I attended decreased fr
(or) WIFE of FESSE LODES	April 28 1934 10 11004 3 4 193
DATE OF BIRTH (month, day, and year)	I last saw h Dr aliva on The an 3 will 18 4 death is s
AGE Years Months Days If LESS	
42 mlnow or or m	THE PRINCIPAL CAUSE OF DEATH and related Gauses of importance
8. Trada, profession, or particular	Date ot on:
SAWYER, BOOKKEEPER, atc. HOUSEKEPING	AN EUMONIA- POUVIAR
9. tndustry or business in which work was dona, as SILK MILL.	
kind of work dona, as SPINNER.  SAWYER, BOOKKEPER, atc	
10. Date decaasad last worked at CFASEO this occupation (month and 100 + ZO spent in this year) 11. Total time (years) spent in this occupation	
Accomps Co V	Other Contributory Causes of importanca:
2. BIRTIIPLACE (city or town)	11 11. 4 1
13. NAME ETEKIEL MATTHEWS	, outto
001/1/4/11/11	Nama of operation. NONE Data of
14. BIRTHPLACE (city or town) (State or country)	
15. MAIDEN NAME UNKNOWN.	What test confirmed diagnosis?
	Accident, suicida, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) (Stata or country)	Whera did injury occur?
JESSE CohES	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Poloseope City ADD-QD	
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place HofferillE Va Data MAG 6-1	Natura of injury
OUNDERTAKER TETHOMAS	24. Was disease or injury in any way pelated to occupation of decaasad?
(Address) ACCCMA	If so, specify
O. FILED Hay of 1934 John J Reles	(Signad) / Ses, WALS
delien s / / ly - //	10.

115.405

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AIN S Ibst			
Other contributory causes of importance:	a	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

(if death occurred in a hospital or institution, give its NAME inseed of street and number)  5. FOLY NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED  (wrights word)  5. If married, widowed, or divorced HUSARDO of (wrights)  6. DATE OF BIRTH (month, day, and yaar)  7. AGE  Years  Menthy  1. Days  1. ILESS than 1. Inseed of street and number)  1. SEX  1. Married, widowed, or divorced HUSARDO of (wrights)  6. DATE OF BIRTH (month, day, and yaar)  7. AGE  Years  Menthy  1. Days  1. ILESS than 1. Inseed of street and number)  1. Days  1. ILESS than 1. Inseed of street and number)  1. SEX MILLS ARK, etc.  1. Inseed of street and number)  1. Inseed of street and number)  2. Ward.  If somersident give city or town and State  MEDICAL CERTIFICATE OF DEATH  2. I. DATE OF DEATH  2. I. HERE BY CERTIFY, That I altended, daceased from the date stated above, at  1. Inseed of street and number)  1	STATE	OF MARYLAND-	CERTIFICATE OF DEATH	15406
Village or City What Delay Julia (I death occurred in a horpital or institution, give its NAME instead of street and number) decay of the state of street sta	1. PLACE OF DEATH	-	(24-6)	
(d) Residence: No.  (e) PERSONAL AND STATISTICAL PARTICULARS  (a) Residence: No.  (b) Ward.  (b) Ward.  (c) Ward.  (c) Ward.  (d) Residence: No.  (e) Residence: No.	County Monce	sfer 1	Registration Dist. No.	355
Legith of residence in city or lown where death fouriesd yes	Village or City Who	lessville n		Ward
2. FULL NAME  (a) Residence: No	Langth of residence in city or town when	//		
(a) Residence: No. (Ursal place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR BYORED (emights word)  3. Il marish, widowed, or divorced (or) Wile of 100 by	Mass (1	Paks 10:1		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (smights word)  5. If married, widowed, or divorced HUSBAND (by Wilk of County)  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. Years  8. Trade, profession, or particular  8. Trade, profession, or particular  8. SAWYER, BOONKEPER, etc.  9. Industry or business in which said work done as SPINNER, SAWYER, BOONKEPER, etc.  10. Industry or business in which said work done as SPINNER, SAWYER, BOONKEPER, etc.  10. Industry or business in which said work done as SPINNER, SAWYER, BOONKEPER, etc.  10. Industry or business in which spent in this occupility  11. Other Country)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN HAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION/OR/EMOVAL  19. Industry or country)  19. What test confirmed diagnosis?  10. Industry or town)  10. Siste or country)  10. Manner of injury  10. What test confirmed diagnosis?  10. Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  19. Manner of injury  19. UNDERTAKER  19. Manner of injury  19. UNDERTAKER  19. Manner of injury  19. What user or injury in any way related to occupation of deceased?  11. Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  19. Manner of injury  19. UNDERTAKER  19. Manner of injury  19. UNDERTAKER  19. Manner of injury  19. UNDERTAKER  19. Manner of injury  19. Whature of injury  19. Was disease or injury in any way related to occupation of deceased?  11. Specify  19. UNDERTAKER  19. Manner of injury  19. Specify  19. Speci		any way	OL Wash	
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, that word)  3a. If married, widowed, or divorced with the word of (Cr) wills of (Cr) will will will will will will will wil	(a) Residence: No.	(Usual place of abode)		d State
OR DIVORCED (warightha word)  3. If married, widowed, or divorced MUSSAND (Month) (Day)  1. AGE Vears Monthy Days If LESS than It have occurred on the date stated above, at the first or min.  8. Trade, profassion, or particular kind of work done, as SPINNER, SAMENILL, BANK, etc.  9. SAMENER, BOOKREEPR, etc.  9. SAMENER, BOOKREEPR, etc.  10. Samenill, BANK, etc.  11. Total time (vears)  12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  17. INFORMANT.  (State or country)  19. Where did injury occurred in INDUSTRY, in HOME, or in Public Place.  19. Where did injury occurred in INDUSTRY, in HOME, or in Public Place.  (Addrass)  19. Whater of injury.  19. Whater of injury.  19. Whater of injury.  19. Where did injury occurred in INDUSTRY, in HOME, or in Public Place.  (Addrass)  19. Whater of injury.  19. UNDERTAKER  (Addrass)  19. Whater of injury in any way ralated to occupation of decased?  18. Specify  (Addrass)  19. Whater of injury.  19. ONDERTAKER  (Addrass)  19. Whater of injury in any way ralated to occupation of decased?  18. Specify  (Addrass)  19. Whater of injury in any way ralated to occupation of decased?  18. Specify  (Addrass)  19. Whater of injury in any way ralated to occupation of decased?  18. Specify  (Addrass)  19. Whater of injury in any way ralated to occupation of decased?  18. Specify  (Addrass)	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
22. I HEREBY CERTIFY. That I attended daceased from the Muss And Part of M	Zensk 4. COLOR OR RACE		may 19	, 193 ×
S. DATE OF BIRTH (month, day, and year)  S. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than It on the see occurred on the date stated above, at	5a. If marriad, widowed, or divorced	11		
1 last saw b alive on 1,79 ; death is sail to have occurred on the date stated above, at m.  1 day hirs or min.  2 8. Trade, profassion, or particular kind of work done as SPINNER, SAWTER, BOOKKEPER, etc.  9 Industry or business in which work was done as SILK MILL, SILK etc.  10. Date decased last worked at the security of the control of	(or) WIFE of	d	VVI all Sill Marill	d daceased from
to have occurred on the date stated above, at	S. DATE OF BIRTH (month, day, and year)	Jan 31 1928	8 = 2	- ; death is said
8. Trade, profession, or particular Name of comments of the country of the countr				
Table profession, or particular kind of work done as SPINMER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done as SILK MILL, SAW MILL BANK, etc.  10. Date deasased last worked at this occupation (solate or country)  11. Total time (years) spent in this occupation (solate or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION OR JEMOVAL Date (Addrass)  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Addrass)  10. FILED 5 19 1, 19 9 7 10 10 10 10 10 10 10 10 10 10 10 10 10	6 30		Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of open
Other Contributory Causes of importance:    Contributory Causes of importance:   Contributory Causes of importance:	8. Trade, profassion, or particular kind of work done, as SPINNER,		93	
Other Contributory Causes of importance:    Contributory Causes of importance:   Contributory Causes of importance:	SAWYER, BOOKKEEPER, etc.		Colling 6 rales	2.000
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR JEMOVAL Place (Addrass)  9. UNDERTAKER (Addrass)  19. The Contributory Causes of importance:  Other Contributory Causes of importance:  Oth	work was done, as SILK MILL, SAW MILL, BANK, etc	****		
22. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR JEMOVAL Place (Addrass)  19. UNDERTAKER (Addrass)  10. FILED 5 - 19 - 19 4 Jolen F. Registrar.  10. State or country in any way ralated to occupation of deceased? (Addrass)  16. Signed)  17. INFORMANT (Specify city or town, country and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. Was disease or injury in any way ralated to occupation of deceased? (Signed)  18. So, specify (Signed)  19. M. I. (Signed)	this occupation (month and	spent in this		
13. NAME  14. BIRTHPLACE (city or town)  (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  (Specify city or town, county and State)  Spacify whather injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION OR SEMOVAL  Place  19. UNDERTAKER  (Addrass)  10. FILED 5 19 1 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		alymble 1	Other Contributary Causes of importance:	4cm
What test confirmed diagnosis? Was thare an aulopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  Where did injury occur? (Specify city or town, county and State) Spacify whather injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)  18. BURIAL, CREMATION OR EMOVAL Place Date Date Date  Manner of injury Nature of injury Nature of injury  Nature of injury  (Addrass)  19. UNDERTAKER (Addrass)  (Signed)  (Signed)  Mass thare an aulopsy?  Accident, suicide, or homicide?  Date of injury  Where did injury occurr?  (Specify city or town, county and State) Spacify whather injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  Manner of injury  Nature of injury  (Signed)  (Signed)  (Addrass)  M. I	1 10/1	1. mai	Circhosise of liver is meant.	
What test confirmed diagnosis? Was thare an aulopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL, CREMATION OR EMOVAL Place Date  Date  Manner of injury  Nature of injury  9. UNDERTAKER (Addrass)  9. UNDERTAKER (Addrass)  16. FILED 5 19 19 7 100 9 7 10	13. NAME	& Kersen	Civea	
What test confirmed diagnosis? Was thare an aulopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Catalogue (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury.  Where did injury occur?  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury.  Place Date of injury.  Nature of injury.  9. UNDERTAKER And Allow and Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  16. BIRTHPLACE (city or town) Date of injury.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  17. Was disease or injury in any way ralated to occupation of deceased?  (Addrass)  (Signed)  (Signed)  (Addrass)	14. BIRTHPLACE (city or town)	ralizently	Name of operation Date of_	
Accident, suicide, or homicide? Date of injury	(Stata of Country)	James 1	What test confirmed diagnosis? Was there an	autopsy?
Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  8. BURIAL, CREMATION OR JEMOVAL  Place  Date  Date  Date  Nature of injury  Nature of injury  Nature of injury  Nature of injury in any way ralated to occupation of deceased?  (Addrass)  16 so, specify  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Addrass)  (Signed)  (Signed)  M. I	15. MAIDEN NAME	ragur	23. If daath was due to external causes (VIOLENCE) fill in also the following	ng:
Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  8. BURIAL, CREMATION OR JEMOVAL  Place  Date  Date  Date  Nature of injury  Nature of injury  Nature of injury  Nature of injury in any way ralated to occupation of deceased?  (Addrass)  16 so, specify  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Addrass)  (Signed)  (Signed)  M. I	16. BIRTHPLACE (city or town)	nonlyung		, 19
8. BURIAL, CREMATION OR JEMOVAL Place Place Place Nature of injury Nature	1 60	Diston,	(Specify city or town, county and St	ate) LACE,
Place Address Date Date May 1, 19.37  Nature of injury  9. UNDERTAKER 24. Was disease or injury in any way ralated to occupation of deceased?  (Addrass)  16 so, specify  (Signed)  (Signed)  (Addrass)  (Addrass)		ap my #		
19. UNDERTAKER 27 4. Was disease or injury in any way ralated to occupation of deceased?  (Addrass)  16 so, specify  (Signed)  (Signed)  (Addrass)  (Addrass)		6/ m/h 14 19 24	Manner of injury	
(Addrass)  16 so, specify  20. FILED 5-19-, 1994 Holen 9- Nauvard (Signed)  Registrar. (Addrass)	h later for the	Date 17, 19. 07	Nature of injury	
Registrar. (Addrass) Assiss Mill		will defor		
	20. FILED 5 - 19	elen F. Naywa	year of the second	M. i

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	No.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

IARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	92-60)		
county worcester	Registration Dist. No. 3 5/		
Village or City Law & now 15 ll	No. St., Ward		
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?mosds.		
- M	2		
2. FULL NAME Jenil Stoman	A. W. I		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30 , 1934		
5a. If married, widowed, or divorced HUSBAND of	- (Modth) (Day) (Year)		
(or) WIFE of Omery Forman	19 19 That I attended decessed from		
6. DATE OF BIRTH (month, dey, and year) Dout Kuraw	I last saw helt alive on May 28 1934; deeth is seld		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 10 m.		
about 40   Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:		
8. Trede, profession, or particular kind of work done, as SPINNER Louise unfe	Al with the same		
SAWYER, BOOKKEEPER, etc.	Carelinate fora		
work was done, as SILK MILL, Orum Home	minal secondo		
10. Date deceased last worked at this occupation (month and may 1934 spent in this occupation worked at this occupation (month and may 1934 spent in this occupation)			
0	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) Manyland (Stete or country)	(Talmonary 1 pma) 1720/2		
II 13. NAME Ben Harmann	- July 19		
13. NAME Sen Kannam  14. BIRTHPLACE (city or town)	Name of operation.		
(State or country)	What test confirmed diagnosis Olumes Was there an autops		
15. MAIDEN NAME Marthal Jones	23. If death was due to external causes (VIOLENCE) fill in also the following:		
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19,		
(Stete or country) Mayland	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT TIMENT Stormany (Address) Smood Will my	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury		
Place Minosley and Date and 3, 1934	Nature of injury		
19. UNDERTAKER Was & Welkaus	24. Was disease or injury in any way related to occupation of deceesed?		
(Address) monthell red	If so, specify		
20. FILED 19 19 74 LECOIS Scribts.	(Signed) M. D.		
/	7 7 72 W - W - W - W - W - W - W - W - W - W		

If more blanks are needed, address State Registrar, 2411 N. Charles Sweet, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
	Other contributory causes of importance.	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:



STATE OF MARYLAND—CERTIFICATE OF DE
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05408

1. PLACE OF DEATH				(80)				
Co	County Morcester Wirma			A CORPORATE MAIRA	Registration	on Dist. No.	350	
Vil	lage or City_Poco	moke (	City		NoNo		S1	t.,Ward
Len	ngth of residence In city o	r town where d	feath occurred	(1) yrsmos	f death occurred in a horpital or inst	itution, give its NA f of foreign birth?_	ME instead of street	t and number)
	LL NAME Her							
	Residence: No.				St., Ward.			
			(Usual place			the second secon	ent give city or tow	
3. SEX	4. COLOR O		1				TE OF DEAT	ГН
Nale				RRIED, WIDOWED, D (write the word)	Pocomoke Cit		2nd	, 193
HUSB	ied, widowed, or divorced AND of				22.     HERE4B	VCEDEL	F 7 7 1 1 1 1 1	
(Or) V	MIFE of Edi	th Gur	1by			1934 to		ended deceased from
6. DATE O	F BIRTH (month, day, an	nd year) Jal	nuary 28	3th.1903	I lest saw h_1 200 alive on_		A (2/	34_; death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date sta	ated bove, et	404	
	31	3	4	1 dey,hrs.	The PRINCIPAL CAUSE OF DE. were as follows:	ATH and related ca	auses of importance	Data of onset
S Tra	ade, profession, or partic kind of work done, as \$	SPINNER. T	horer		7			
A Make, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at pril 11. Total time (years) this occupation (month end)				10085 14	or sale	\$	1933	
0	work wes done, as SILK SAW MILL, BANK, etc.	MILL,			-		•••••	
10. Date deceased last worked at pril 11. Total time (years) this occupation (month and 1933 spant in this occupation								
				Other Contributory Causes of Im	portance:			
12. BIRTHPLACE (city or town OCOMOKe City, (State or country)  Naryland								
The state of the s								
10. 11.			nomolro /	ns 4				
13. NAME Noah Gunby 14. BIRTHPLACE (city or town) Pocomoke City (State or country) Maryland				Name of operation What test confirmed diagnosts?_		Date		
				23. If death was due to external c				
15. MAIDEN NAME Henrietta Dickinson 16. BIRTHPLACE (city or town) Pocomoke City				Accident, suicide, or homicide?				
(State or country) Laryland.				Where did injury occur? (Specify city or town, county and State)			* 1,1,1 = 10	
17. INFORMANT Henrietta Gunby (Address) Pocomoke City, Maryland.			Specify whether injury occurred	in INDUSTRY, in	or town, county an HOME, or in PUBLI	d State) IC PLACE,		
18. BURIAL FREMATION OR REMOVAL CEME tery Date May 4th 1934			Manner of injury					
7130	rocomoke-(	17	- Date - Lay	生.6114.,1920生.	Neture of Injury			
19. UNDER		CISL	wee	ison	24. Wes disease or injury In any	way related to occ	rpation of deceased	d?
(Ad	dress) OCOMOKO	CITY	laryla	na.	If so, specify	3 W	aux m	
20. FILED	714.4 19.5	1		Registrar,	(Signed) (Address)		Jan Cu	M. D.
				alegoriai.	(MODIE22)		بالماليات وي	Lelie The

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERM mation should be carefully supplied. AGE should be stated EXA CAUSE OF DEATH in plain terms, so that it may be properly classifications on back of certificate.
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STATE O	F MARY	YLAND—	CERTIFICATE OF DEATH	05409
County Worcester			Registration Dist. No	350
Village or City Pocomoke	City		No.	t Ward
		(lf	death occurred in a horpital or institution, give its NAME instead of streedds. How long in U.S. if of foreign birth?yrs	et and number)
2. FULL NAME Sarah E.G		J13	yrsyrs	mosos.
(a) Residence: No.	arroy		St., Ward.	
(a) Residence. No.	(Usual place o	of abode)	If nonresident give city or tov	vn and State
PERSONAL AND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEA	тн
Female Colored	5. SINGLE, MARR OR DIVORCED MATTI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH  Nay  (Month)  (Day)	, 193 <u>4</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Gu	nby		22. HEREBY CERTIFY, That I att	ended deceased from
6. DATE OF BIRTH (month, day, and year) pri	1 15th.	1874		34; death Is said
7. AGE Years Months 60 1	Days 2	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 8 a 0.0 km.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	B Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, HO SAWYER, BOOKKEEPER, etc	usewife		myscarditis	1939
SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and year) 1933		ne (years) tin this pation		
12. BIRTHPLACE (city or town) WORCES (State or country)	ter Cou	nty	Other Coutributory Causes of Importance:	1988
Handy Bell			Nephritis	
Handy Bell  13. NAME Handy Bell  14. BIRTHPLACE (city or town) WORCES (State or country) Md	ter Cou	nty	Nama of operation Dat What test confirmed diagnosis? Was the	
15. MAIDEN NAME Harriet S	cott		23. If death was due to external causes (VIOLENCE) fill in also the fo	
15. MAIDEN NAME Parriet S  16. BIRTHPLACE (city or town) Norce (Stata or country)	ster Co	unty	Accident, suicide, or homicide? Date of injury_	
17. INFORMANT Robert Gunby (Address)POCOMOKE City	.Maryla	nd.	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or In PUBL	nd State) IC PLACE.
18; BURNAL GREMATION PR REMOVAL tery PlacePocomoke-Gity-	Pate Nay	20th, 19.34	Manner of Injury Natura of Injury	
	Naryla,	id,	24. Was disease or injury in any way related to occupation of decease.  If so, specify	od?
20. FILED May 20, 1934	m J K	Registrar.	(Address) Form Religions Programs \$1.5.	now M.D.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
WIREAU V. S.		ž		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOI	R FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING	
FOR	
RESERVED F	
MARGIN	

sts UP	1. PLACE OF DEATH	53										
ould	County Worcester	Registration Dist. No. 355										
2	Village or City Bishop Ind	No. St., Ward										
SS	(II	(if death occurred in a notpital or institution, give its IVAIVIE instead of street and number)										
AN len	4.1.	1										
YSICIA	2. FULL NAME / YCRASM Le Half											
Sta	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State										
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH										
LY. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  M. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May . 9 . 193 4 . (Year)										
X A C T I	5a. If married, widowed, or divorced HUSBAND of	(month) (bay) (1681)										
	(or) WIFE of Sara & Half	1 HEREBY CERTIFY. That I ettended deceased from 1934 to may 5, 1934										
	6. DATE OF BIRTH (month, day, and year) 2 -1 - 1853	liast saw harm alive on any 14 192 H, death is said										
ed fica	7. AGE Years Months Days if LESS than I dayhrs.	to have occurred on the date stated above, at										
stated E properly certificate	0   0rmin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:										
be is	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Carrinoma; Friendry in left posted										
should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation dength and	- Flant										
E sh t it	10. Date deceased last worked at this occupation month and year)	1 ws.or										
oplied. AGE erms, so that instructions o	12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:  Chanica Interchital Reputer 1933										
ied. ns,	(State or country)											
supplied n terms, ee instru	I 13. NAME Codeward Half											
illy supplied plain terms, See instru	14. BIRTHPLACE (city or town) Manyland (State or country)	Name of operation Date of Date of										
efully in pla ant.		What test confirmed diagnosis? Was there an autopsy?										
in tan	E July after Julian	23. If death was due to external causes (VIOLENCE) fill in also the following:										
be careful EATH in p important.	(State or gowntry)	Accident, suicide, or homicide?										
· · ·	17. INFORMANT John John John John 19	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.										
Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manage of Indian.										
60 .2	Place Estrugge frementer Date Mary 10, 1934	Manner of injury										
mation s CAUSE TION is	19. UNDERTAKER IN Walfon & Jon	24. Was disease or injury in any way related to occupation of deceased? 20										
	(Address) Selleprolly Pletagrace	If so, specify										
(T)	20. FILED 5-10- , 1894 Nellan 4- Nay Wand Registrar.	(Signed) M. D. (Address) Sellin F. A.										
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.										

STATE OF MARYLAND—CERTIFICATE OF DEATH

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mple 1		Example II				
and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
- 100A	1915	Attack of epilepsy	1 week ago			
JUN "	1921	Run over by street car	1 week ago			
WALLY.	July 5, 1927	Peritonitis	3 days ago			
f importance:		Other contributory causes of importance:				
Gallstones		Gastroenteritis	1 year			
and the second						
	and related causes	and related causes Date of onset  1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:			

1. PLACE OF DEATH	OF MAR	RYLAND-	-CERTIFICATE OF DEATH 05411				
County Worcester			Registration Dist. No. 350				
Village or City Pocomok		(1	No. R.F.D. # 3. St., Ward				
			sds. How long In U.S. if of foreign birth?yrsds				
2. FULL NAME Hester	Jane Joh	nson					
(a) Residence: No.	(Usual place	e of abode)	St., Ward.  If nonresident give city or town and State				
PERSONAL AND STAT			MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RAC Female White		RRIFD, WIDDWED. ED (write the word)	21. DATE OF DEATH May 10th, 193 4				
5a. If married, widowed, or divorced							
HUSBAND of (or) WIFE of Ohn H. Joh	nson		22.   HEREBY CERTIFY, That I attended deceased from				
6. DATE OF BIRTH (month, day, and year)			I last saw h ex alive on way 0 , 1924; death is said				
7. AGE Years Mont		If LESS than I day,hrs.	to have occurred on the date stated above, at 1 - QQP_m.				
87 4	12	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	29   II. Total sp: oc:	time (years) ant in this supation	Other Contributory Canses of importance:				
	Maryland	** Y.J	-				
13. NAMEJohn Aydelo	tte		V - 111				
	ryland	unty	Name of operation Date of Was there an au'opsy:				
15. MAIDEN NAME Drucill	a Payne		23. If death was due to external causes (VIOLENCE) fill in also the following:				
15. MAIDEN NAME Drucill: 16. BIRTHPLACE (city or town)	rcester Co Maryland.	ounty	Accident, suicide, or homicide?				
17. INFORMANT MTS. Frank (Address) Pocomoke (	lity. Maryl	and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
Remsens Cemetery	Date May	13th1934	Manner of injury				
19. UNDERTAKE LEMONE Ci	ty.laryla	nd.	24. Was disease or injury in any way related to occupation of deceased? US				
20. FILED May 12, 1934	John 7.	Registrar.	(Signed) Allanda M. D.  (Address) Lacourage Cl. red				
If	more blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.				

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Example I		Example II		
The principal cause of death and related cau of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU Y	. 6			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI

nt of OC	
stateme	
Exact	
classified.	
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	TION is very important. See instructions on back of certificate.
be	of
may	back
t it	no
tha	ons
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terms	instr
plain	. See
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DEATH	import
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USE	Si NO
CA	TIC

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 1	16	A	- 1	1
1	15	4	1	4

1. PLACE OF DEATH					WITHIR CORPORATE MUITO OF				
County	Wo:	rcester			(31)	Registration Dist. No.	350		
		Pocomoke C	ity		No.	St.	Ward		
					death occurred in a hospital o	or institution, give its NAME instead of street an			
					as. How long in C	J.S. if of foreign birth?yrs	mosds.		
		Nolissa E	Marine	x					
(a) Re	sidence:	No	(Usual place	of abode)	St.,Ward.	If nonresident give city or town a	nd State		
PER:	SONAL	AND STATISTI			MEDICA	AL CERTIFICATE OF DEATH	nd State		
s. sex Femal	-	COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEA POCOMOKE Ci	ty May 18th.	, 193.4		
5a. If merried, HUSBAN( (or) WIFE	1 06	or divorced orge S.Mar	iner		22. JIHER	EBY CERTIFY That I ettend	ed deceased from		
		ith, day, end year) 1 a.r		1849.	Wast saw h elive	on May 17 193	deeth Is said		
7. AGE	Yeers	Months	Oays	If LESS then		te steted above, at 2.25A.m.			
1000	85	2	14	ormin.	were as follows:	F DEATH and related courses of importence	Date of onset		
8. Trede, profession, or perticular kind of work done, as SPINNER, HOUSEWITE.  SAWYER, BOOKKEEPER, etc. HOUSEWITE.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 11. Total time (yeers) this occupation (month end spant in this securation (month end spant in this s					Chinis	hephritis			
	leceesed le s occupatio ar)	st worked et in (month end	spa	ime (yeers) nt in this upation	00. 0. 11. 0				
12. BIRTHPLA	CE (city or or country)	townAccomac Virgin	County ia		Other Contributory Causes	of importence:			
13. NAME	Geo	orge East			a				
		y or town) Accom	ac Coun	ty	Name of operation	Date of			
(St	ate or cou	ntry) Vine	ginia		What test confirmed diegno	osis?	au'opsyleo		
15. MAIDE		Sarah Sava		1		rnal ceuses (VIOL ENCE) fill in elso the followi	7		
	PLACE (city	y or town) ACCOMS	ac Coun rginia.	ty	Accident, suicide, or homici Where did injury occur?	ide? Dete of injury			
17. INFORMAN (Addres	rWill 3000	Liam Marin Dmoke City	er Naryla	nd.	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, In HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL Place Poconoke-Gity-Ageletay 20th, 19.34					Menner of injury				
19. UNDERTAK (Addres		world S	tever	eson	24. Was disease or injury in	any way related to occupetion of deceesed?	10		
20. FILED 9M		0, 1934 fr	7. 1	Registrar.	(Signed) (Address)	If flelitus	M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
JUN 1 1934						
Other contributory causes of importance:	6	Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
		,				

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

B

STATE OF	MARYL	AND-CEF	RTIFICATE	OF	DEATH
					The second second second second

		ST	ATE O	F MAR	YLAND-	CERTIF	ICATE	OF DEA	TH	05413
	1. PLACE (	F DEAT	Н				WITHIN	COSPOBATE ME	170 C	
	County	Worces	ster				(95-E)	Registration I	Dist. No. 3	50
	Village or	City Poc	omoke C	ity		No.			42	Word
	Length of re	sidence in city	or town where de	eath occurred	(]f yrs,mos			ution, give its NAME	instead of street an	d number)
			nomas M						,100	,1110312222222
			IUMAS.I.	7.7.77.77.77.77	<b></b>	St.,	Ward			
	(a) neside			(Usual place	of abode)	SL,	waiu.	If nonresident	give city or town a	nd State
			STATISTIC					CERTIFICATE	OF DEATH	
	sex Vale		or RACE		RIED, WIDOWED, D(write the word)	21. DATE	OF DEATH	May (Month)	/ <b>5</b>	, 193 4/ (Year)
5a	. If married, wide HUSBAND of (or) WIFE of	wed, or divorc	ed			22. ]		YCERTIFY	Y, That I attende	ad deceased from
	D. TE OF SIRVE		2.22.		1868	L foot som b		., 19, to		
_	AGE Y	ears and	Months	Days	If LESS than			ted above, at		; death is said
	About 6	6	**	**	1 day,hrs.	H .	L CAUSE OF DEA	TH and related cause		
	8. Trade, prof kind of SAWYE	ession, or part work dona, as R, BDOKKEEPI	S SPINNER, ER, etc.	aborer	T VICE CONTROL OF THE PARTY OF	Mans was found blad in best of onset				
OCCUPATION	9. Industry or work w SAW M	business in v as dona, as SII ILL, BANK, etc	which LK MILL, Sa	w Mill		Other Coutributory Causes of Importance:				
000	10. Date decea		ed at h and	11. Total ti	ime (years) nt in this apation					
12	. BIRTHPLACE (	city or town)=	Po <b>co</b> mok Marv	e City						
ER	13. NAME S	amuel	J.Milb							
FATHER	14. BIRTHPLAC	CE (city or town	Somers	et Cour	nty				W	
2	15. MAIDEN N			Pilchai	227					
MOTHER	16. BIRTHPLAC		m) Worce	ster Co		Accidant, suicid	de, or homicida?	uses (VIOLENCE) fill		-
17. INFORMANT PS. Thompson Henderson (Address) Pocomoke City, Naryland.						Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				late) PLACE,
18	BURIAL, CREMA	JION OR REL	MOVAL	,	17th,193	Manner of injur	ry			
	(Address)	eru	ock &	tevi	erson	24. Was disease  If so, specify_	or injury in any	way related to occupa	tion of deceased?	
20	FILED May	15. 19	34 100	m /./	Registrar.	(Signed)	idress)	smoss.	Cel - C	m.D.

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
WANTE ALL V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
ADDITIONAL STATE OF THE STATE O
This man found dead in ted + V was called. From the history
obtained of queen attacks & from my own observation of him
arane of free and of the way out the free free
around Other Vane certain he died fram a heart
condition induced by are overiedlely evere in alcoho
The state of the s
VA Tour to

爻	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IG D	ENT RECORD	TLY. PHYS	ied. Exact st	
FOR BINDIN	IS A PERMAN	tated EXAC	roperly classifi	ertificate.
MARGIN RESERVED FOR BINDING	INK-THIS I	E should be s	at it may be p	s on back of ce
MARGIN R	H UNFADING	supplied. AG	in terms, so th	See instruction
•	PLAINLY, WIT	ould be carefully	F DEATH in pla	TION is very important. See instructions on back of certificate.
0. 1	-WRITE I	mation sho	CAUSE O	TION is ve

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(108)
County Morgester	Registration Dist. No. 355
Village or City & howells R. F. D	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cathely Mor	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Somale colored OR DIVORGED (write the word)	May 1 , 193 4
Aa. If married, widowed, or divorced	. (Month) (Day) (Year)
(or) WIFE of all a later and a	22. I HEREBY CERTIFY, That I attended decaased from
Symme Troops	Mpre 28, 1924, to 1810y 7, 1924
6. DATE OF BIRTH (month, day, and year) Opril 2 1893	I last saw h La eliva on
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at
4/ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Consumorue acerta Mose
	an fill an
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Totel time (yaars)	Robert Jneumanes. Center
this occupation (manif) and 193 y spent in this occupation	Awation: not stated.
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) YV (State or country)	
13. NAME The marchall 14. BIRTHPLACE (city or town) Marchall (State or country)	
14. BIRTHPLACE (city or town) Mary land	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Salle Marshell 16. BIRTHPLACE (city or town)	3. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
17. INFORMANT. I Illiam Jones	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Showel A	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Placement Date Man 4, 193	Natura of injury
Par The	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	1
	If so, specify BP College
20. FILED 5-9-, 1994 THELEN J. Naywan	(Signad) M. D. Rich Chille h. M. D.
Registrar.	(Address)

B.—WRITE PL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of death and rof importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	2 1934	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage   BL	$J_1$	uly 5,1927	Peritonitis	3 days ago	
Other contributory causes of impor	rtance:		Other contributory causes of importance:		
Gallstones		ay 1,1923	Gustroenteritis	1 year	

county Workede	L		Registration Dist. No.	55
Village or City Berly	u.		No.	Ward
Length of residence in city or town where	death occurred		If death occurred in a hospital or institution, give its NAME instead of street and r sds. How long in U.S. if of foreign birth?ma	number)
2. FULL NAME Butty, C	Ceres (	) A e. s	Ll.	1303
(a) Residence: No.			St. Ward.	
	(Usual place		If nonresident give city or town and	State
PERSONAL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE Flewale Colored		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH) (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY ERTIFY, That I attended of the state of the	deceased from
6. DATE OF BIRTH (month, day, and year)	1 au. 9	.1934.	I last saw h alive on, 19	; death is said
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, atm.	
	2	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Hemofhilia	
SAW MILL, BANK, etc				
10. Date deceased last worked at this occupation (month and year)	spe	time (years) nt in this upation	matin eller some	
12. BIRTHPLACE (city or town)	· l.	. 1	Other Contributary Causes of importance:	12
(State or country)				
13. NAME James	nasse	the.		
13. NAME  14. BIRTHPLACE (city or town)	md	~~~~~~~~~	Name of operation	
(State or country)			What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Carrie	a Pr	iruell	23. If death was due to external causes (VIOLENCE) fill in also the following	:
16. BIRTHPLACE (city or town)	m	4	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT MAN Jolan (Address)	Puru	ell.	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	;) ICE.
18. BURIAL, CREMATION, OR REMOVAL	our.	1000	Manner of injury	
Place St. Cauls Cem	Date On	y 11,1934		
19. UNDERTAKER . W. C	reisbo	2	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Be	lin	hid.	If so, specify P	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 2.

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Example 1		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
PUREAU V. Z.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING	
FOR	
RESERVED	
MARGIN	

1	. PLACE OF DEATH	*	—CERTIFICATE OF DEAT	
	County Marge	elegi	Registration Dis	t. No. 355
	Village or City Thaty	velle my	NDND(If death occurred in a hospital or institution, give its NAME in	St.,Ward
	Length of residence In city or town where	death occurredyrs	mosds How long in U.S. if of foreign birth?	yrsds
2	. FULL NAME	w & d	ullen	
	(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give	e city or town and State
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE C	
3,5	nale White	5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor		5 - , 193 <b>3</b> / (Day) (Year)
5e.	If married, widowed, or divorced HUSBAND of (or) WIFE of	2 Jueller	22. I HEREBY CERTIFY	That I attended deceased from
6. I	DATE OF BIRTH (month, day, and year)	Lug 14. 1847	I last saw h alive on aful	27 , 19.3 4; deeth is sai
_	AGE Years Months	Days If LESS th		
z	8. Trade, profession, or particular kind of work done, as SPINNER,	N. + . 1	Total as follows.	Date of onse
	SAWYER, BDDKKEEPER, etc	Hured	nf o	man
CCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc	Tormer	Moun / rocks the	w
ö	Date deceesed last worked at this occupation (month and year)	11. Total time (years) spent In this occupetion		
12.	BIRTHPLACE (city or town) (State or country)	ereland.	Other Contributory Causes of Importance:	
ER	13. NAME	1		
FATHE	14. BIRTHPLACE (city or town) (State or country)	nknown	Neme of operation	Date of
HER	15. MAIDEN NAME	P	23. If death wes due to external causes (VIOL ENCE) fill in	
MOTH	16. BIRTHPLACE (city or town)	Known	Accident, suicide, or homicide? Date	
17.	INFORMANT MAS Josepha (Address)	ia Domawa	Where did injury occur? (Specify city or tow Specify whether injury occurred in INDUSTRY, In HOME,	rn, county and State) , or in PUBLIC PLACE.
18.	BURIAL, CREMATION, DR REMOVAL TO	Date nag 7, 19	Manner of Injury	
19.	UNDERTAKER VSuchus	shy Witzen	24. Wes disease or Injury in any way related to occupatio	n of deceased? 200
20	FILED 5-7 199 41197	well Aldin	17 (Signed) ea Hollers	/M. I

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Guiowico	May 1,1925	Gastoenterus	1 y	
	الــــــا			

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE	OF	MARYLAND-CERTIFICATE OF	DEATH
			Name of the last o

10 0	P	/8	160	
4	P %	4	-	1
	- 1	faith.	- 8	- 10
3. F	0.3	-	-81	
0,	000	-40	40	-

County Worgester.  Village or City PQQOMONG City  No.  No.  No.  No.  No.  No.  No.  Length of residence in city or town where deeth occurred.  Ward  Length of residence in city or town where deeth occurred.  Ward  2. FULL NAME utins. H. Quinn  (a) Residence: No.  (Chustplace of shocks)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  COLOR OR RACE  S. SINGLE MARRIED, WIOOVED.  MATTIE COLOR OR WORD  OR WORD COLOR WORD  NATTIE COLOR OF DEATH  PO COMORE City, May 13th.  199. 4.  Marting Word Color of Color		L PLACE OF	DEATH			WITHIS COSPOSATE MINITE OF	
Village or City PQCOMORS City  No. Length of residence in city or town where deeth occurred yes most decurred in a horpital or institution, are in NAME instead of street and number)  Length of residence in city or town where deeth occurred yes most decurred in a horpital or institution, are in NAME instead of street and number)  Length of residence in city or town where deeth occurred yes most decurred in a horpital or institution, are in NAME instead of street and number)  Length of residence in city or town and State  2. FULL NAMERULES H. Quinn  (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  COLORED OR DAVORCES (owing the word)  OR DAVORCES (owing the word)  Nall COLOR OR RACE  S. SINGLE MARKED, WIOOWED.  OR DAVORCES (owing the word)  Nall COLOR OR RACE  S. SINGLE MARKED, WIOOWED.  OR DAVORCES (owing the word)  Nall COLOR OR RACE  S. SINGLE MARKED, WIOOWED.  OR DAVORCES (owing the word)  Nall COLOR OR RACE  S. SINGLE MARKED, WIOOWED.  OR DAVORCES (owing the word)  Out of DAVORCES (owing the word)  Out of DAVORCES (owing the word)  Name of operation.  Name of operation		County Wor	cester			Registration Dist. No.	350
Length of residence in city or town where deeth occurred. yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.  2. FULL NAMERULIS H. Quinn  (a) Residence: No. (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE Colored  S. SINCLE MARKIED, WIOOWED, OR DAVORCED (carrier the word)  Nale  Colored  S. SINCLE MARKIED, WIOOWED, OR DAVORCED (carrier the word)  MALPTIED  5. If married, widowed, or divorced HUSSAND of, (or) WIFE of OSE Phine V. Quinn  5. DATE OF BIRTH (month, day, and year) Oct. 6th. 1876.  7. AGE  Years  Months  S. Trade, profession, or particular kind of work done, as SPINKER, Paper hanger and the service of the date stated above, al. a. J. L. f.  S. If may country or business in which will, ainter  S. If may country or business in which will, ainter  11. BIRTHPLACE (city or town). O COMORE  City  13. NAME  14. BIRTHPLACE (city or town). O COMORE City  Maryland  15. BIRTHPLACE (city or town). O COMORE City  Maryland  16. BIRTHPLACE (city or town). O COMORE City  Maryland  17. INFORMANT J. O.S. B phine  V. Quinn  18. Is death was due to external causes (VIOLENCE) fill in a fac the following: Acident, suicide, or homicide?  Oate of injury  19. Where did injury occurred in inblustry; in all following: Acident, suicide, or homicide?  Specify whether Injury occurred in INDUSTRY; in Home, or in Public PLACE.				City			C+ Word
2. FULL NAMERUFIS H. Quinn  (a) Residence: No. (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE COLOTEd  S. SINGLE, MARRIED, WIDOWED, OR DIVORED (with the word) MAIPTIED  5. If married, widowed, or divorced HUSSAND O. SEPHINE V. Quinn  6. DATE OF BIRTH (month), day, and year)  6. DATE OF BIRTH (month), day, and year)  7. AGE  Years  Months:  7. 7  7. 7  7. 7  7. 1 day,hrs.  6. DATE OF BIRTH (month), day, and year)  8. Trade, profession, or particular Kind of work done, as SPINNER, Andrew or submers in which SAW MULL BANK, etc.  10. Date deceased last worked at 10. Date deceased l						death occurred in a horpital or institution, give its NAME instead of a	
(a) Residence: No. (Unsulplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE Nale Colored OR NIVORCED (write the word) Married Married Married Married Month) Dey)  13. DATE OF DEATH PO COMO RE City Tay 13th 1934 (Nonth) Dey)  15. If HE R-BBY CERT 1 1975 Month Dey)  16. DATE OF BIRTH (month, day, and year) Date of BIRTH (month, day, and year)  17. INFORMANT LOSE Phine Wisher of country)  18. Trade, profession, or particular Residual of work done, as STINNER, Paper hanger and spant in this occupation (month and April 1). Total time (years) spant in this occupation (month and April 1). Total time (years) spant in this occupation (month and April 1). Total time (years) spant in this occupation (month and April 1). Total time (years) spant in this occupation (month and April 1). Total time (years) spant in this occupation (month and April 1). Total time (years) spant in this occupation (month and April 1). Total time (years) Saw Mill, Bank, etc.  12. BIRTHPLACE (city or town). Do Comoke City (State or country)  13. NAME David Quinn  14. BIRTHPLACE (city or town). Qo Comoke City (State or country)  15. MAIDEN NAME Malinda Wilson  16. BIRTHPLACE (city or town). Qo Comoke City (State or country)  17. INFORMANT LOSE Phine V. Quinn  18. State or country)  18. Trade, profession, or particular (Month) (Month) (Month) (Month) (Month) (Day)  19. 4.  21. DATE OF DEATH PO Comoke City, Tate I attaged expeased from the date stated above, I a State (Month) (Month) (Day)  19. 4.					yrsmos	ds. How long in U.S.lf of foreign birth?yrs	ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Male  Colored  Married  S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)  Married  S. Hinspired, widowed, or divorced HISBAND or Wife of O sephine V. Quinn  S. DATE OF BIRTH (month, day, and year) Oct, 6th, 1876.  7. AGE  Years  Months  Oays  I'LESS than 7 1 day,hrs. 7 7 7 7 1 day,hrs. 8. Trade, profession, or particular SANYER, BOOKKEEPER, etc	:	. FULL NAME	Rufus H.Q	uinn			
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE COlored S. SINGLE MARRIED, WIGOWED, OR DYORCED (write the word) REPLIED S. SINGLE MARRIED, WIGOWED, OR DY OR DY OR SINGLE WAS A SINGLE WAS A SINGLED SO THE REPLIED TO THE TOTAL THE SINGLE WAS A SINGLED SO THE REPLIED TO THE SINGLE WAS A SINGLE WAS		(a) Residence:	No	(I local place	. ( . ) . )		10
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Male Colored Married  Sa. If married, widowed, or divorced HUSBAND of the HUSBAND	3.			_			
HUSBAND of Osephine V. Quinn  22. I HEREBY CERTIST That I attepdes deceased from the control of the date stated above, al.a. The period of the control of the date stated above, al.a. The control of the control of the control of the control of the date stated above, al.a. The control of the control of the date stated above, al.a. The control of the control of the date stated above, al.a. The control of the control of the control of the control of the date stated above, al.a. The control of the con	-			OR DIVORCE	D (write the word)	Pocomoke City, May 13th.	, 193.4. (Year)
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7. AGE Years Months Oays If LESS than 1 day, hrs. 57 7 7 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done as SPINNER, sayer, BookKepper, etc. Paper hanger and work was done, as SPINNER, saw Mill, Bank, etc. April 11. Totel time (years) spant in this occupation (month and 1224 a occupation work was done, as SILK MILL, SAW MILL, Bank, etc. Saw mill, Bank, etc. Saw mill, Bank, etc. Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town) POCOMOKE City (State or country) 1 aryland						Way & to you	315, 19.35
The PRINCIPAL CAUSE OF DEATH and related couses of importance were estollows:  8. Trade, profession, or particular kind of work done, as SPINNER, Paper hanger and softwark, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, ainter  10. Date deceased last worked at this occupation (month and 924 cocupation)  12. BIRTHPLACE (city or town). Pocomoke City (State or country) Naryland  13. NAME David Quinn  14. BIRTHPLACE (city or town). Qcomoke City (State or country) Naryland  15. MAIDEN NAME Malinda Wilson  16. BIRTHPLACE (city or town). Ocomoke City (State or country) Maryland  17. INFORMANT JOSEphine V. Quinn  The PRINCIPAL CAUSE OF DEATH and related couses of importance were estollows:  Data of onset  Were estollows:  Data of o	*******		1			1 77 76.7	, 1955; deeth is said
8. Trade, profession, or particular kind of work done, as SPINNER, Paper hanger and SAWYER, BOOKKEEPER, etc Paper hanger and 9. Industry or business in which work was done, as SILK MILL, ainter 10. Date deceased last worked at this occupation (month and 1241   11. Totel time (years) spant in this occupation (month and 1241   0. Date deceased last worked at this occupation (month and 1241   0. Date deceased last worked at this occupation work was done, as SILK MILL, ainter 11. Totel time (years) spant in this occupation (country)	4.						anco '
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9. Industry or business in which work was done, as SILK MILL, ainter  10. Date deceased last worked at this occupation (month and 224.	NO	kind of work	done, as SPINNER,	aner har	nger and		
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(State or country)    13. NAME   David   Quinn						Other Contributory Causes of Importance:	
13. NAME   David Quinn	12.					95000	
14. BIRTHPLACE (city or town)   QQOMOKE City   Name of operation   Oete of   What test confirmed diegnosis?   Was there an au'opsy?	2	13, NAME D				2 danies	Surras
(State or country) Naryland What test confirmed diegnosis? Was there an au'opsy?  15. MAIDEN NAME Malinda Wilson  16. BIRTHPLACE (city or town Coomoke City Accident, suicide, or homicide? Oate of injury 19 Where dld injury occur?  (Specify city or town, country and State)  17. INFORMANT JOSEphine Y. Quinn Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	TH				7		years
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Where dld injury occur?  (Specify city or town, county and State)  17. INFORMANT JOSEphine Y. Quinn  Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	ER	15. MAIDEN NAME	Malinda W	ilson		***************************************	
Where dld injury occur?  (Specify city or town, county and State)  17. INFORMANT JOSEphine Y. Quinn  Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	OTH	16. BIRTHPLACE (cit	v or town COCOM	oke City	r		9
17. INFORMANT JOSEPHINE Y. Quinn Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	Σ					Where dld injury occur?	
	17.	INFORMANT JOSE (Address) PO	ephine V.	Quinn ty Maryl	and.	(Specify city or town, county Specify whether Injury occurred in INDUSTRY, In HOME, or In PU	y and State) JBLIC PLACE.
18, BURIAL CREMATION, OR REMOVAL	18,	BURIAL CREMATION	OR REMOVAL	7		Manner of Injury	
Place ocomoke City; Md-Pate, Nay 15th 1934 Nature of injury.		Place ocom	ke City,	d Pate Ay	LDTh1934	Nature of injury	
19. UNDERTAKER VERYOUT Attiversor 24. Was disease or injury in any wey related to occupation of deceased?	19.	UNOERTAKER V2	mout	Stew	ruson	24. Was disease or injury in any wey related to occupation of dece	pased?
(Address) Ocomoke City, Maryland. If so, specify	_	(Address) OC	omoke Cit	y, Maryla	nd.	If so, specify	
20. FILED May 15, 1934 from J. Kaly (Signed) The States M.D.	20.	FILED May 1	J 1934	for J.	Kaley	(Signed)	12cm. M. D.

If more blanks are needed, address State Registrar, 241x N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LEUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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2

19. UNOERTAKER (Addrass)

should state

OCCUPA-

AL LENGE	DEATH			(97)
CountyW.C	rcester			Registration Dist. No.
	City_Pagamoke_sldence in city or town where			No. R.F.D. St., feath occurred in a horpital or institution, give its NAME instead of street a ds. How long in U.S. if of foreign birth? yrs.
	ME John France: No.			St., Ward.  If nonresident give city or town
PERSOI	NAL AND STATIS	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE White		RIFD, WIDOWED.  D (write the word)  e d.	21. DATE OF DEATH  Nay 2nd.  (Month) (Day)
5a. If married, wido HUSBANO of (or) WIFE of	Emma. Redd		+h 1956	1 HEREBY CERTIFY Thet I attend
	ars Months	Days 23	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at 1. 30 A.m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
Kind of SAWYEI  9. Industry or work win SAW Mi  10. Date deceating occidents	ession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc business in which is done, as SILK MILL, LL, BANK, atc upation (month and 192	% span	ime (years) ntin this upation Life	
12. BIRTHPLACE (c	ity or town) orcest	er Couni	<b>y</b>	Other Contributory Causes of importance:
E 13. NAME ST	ephen D.Red			Vatestine fachysis
4. 1	E (city or town) WORCE r country)	ster Cou	inty	Name of operation Date of What tast confirmed diegnosis? Wes there a
16. BIRTHPLAC	AME Ellen Pil E (city or town) Norce r country) Nary rs.Leslie R	chard ster Cou land	ınty	23. If death was due to externel causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Dete of injury  Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC
(Address)	ocomoke Cit	y.Naryla	nd. 4th. 1934	Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed)

(Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

nresident give city or town and State

----- Wes thare an autopsy

ENCE) fill in also the following: ..... Dete of injury

y city or town, county and State) Y, In HOME, or in PUBLIC PLACE

het I attended deceesed from

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	- 1	Example II	
The principal cause of death and related causes f importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
rteriosclerosis	1915	Attack of epilepsy	1 week ago
hronic interstitial nephritis	1921	Run over by street car	1 week ago
erebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
UN 2 1994			
other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor	state	UPA	
	Jo m	plnoi	220	
	iter	sh	Jo	
	:-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
	RECORI	PHY	Exact si	
•	ENT	ILY.	ed. E	
	RMANI	XAC	classifi	
	A PEI	led E	perly	ificate.
	IS	stat	pro	certi
	HIS	l be	be .	Jo 3
	NK-T	should	it may	n back
	ING I	AGE	o that	tions o
	UNFAD	upplied.	terms, s	TION is very important. See instructions on back of certificate.
	WITH	efully SI	in plain	ant. See
	INLY,	be car	EATH	import
	PLA	pluods	OF D	very
	WRITE	nation	CAUSE	rion is
		=		

				F MA	RYLAND-	-CERTIFICATE OF DEATH	()
	1. PLACE OF					(3)	J
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ester			Registration Dist. No.	
			comoke (			No. R.F., D. St.,  (If death occurred in a horpital or institution, give its NAME instead of street and number	
			ty or town where d		yrsm	osds. How long in U.S. If of foreign birth?yrsmos	ds.
	2. FULL NAM	ΛE	Laura F	Redden			
	(a) Residenc	e: No	~~~~~~~~~~~	(Usual pl	ace of abode)	St., Ward.  If nonresident give city or town and State	
	PERSON	AL AN	D STATIST	CAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
6	sex Female		r or RACE	OR DIVOI	ARRIED, WIDOWED, RCED (write the word) 1 d OW	21. DATE OF DEATH May 26th. 193	4
-	. If married, widowe			1 11	1401	(Month) (Day) (Y	(ear)
	HUSBAND of (or) WIFE of	J	seph Re	edden		22. May 25 1934 to May 26	ad from
6.	DATE OF BIRTH (	nonth, day	, and year) No	know	n 1864	I last saw hele aliva on May 25 + 1934; dast	h Is said
	AGE Years	0	Months	Days	If LESS then I day,hr	to have occurred on the date stated above, T. 30P. m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
-0	9 Trade profession or particular			ousewi		Date	ofonset
OCCUPATION	9. industry or h	usiness In					<u></u>
000	10. Date daceasad this occupyear)	d last wor ation (mor	ked at		al tima (years) spent in this occupation		
12.	. BIRTHPLACE (city		Worcest		unty	Dthar Contributory Causes of importence:	-3····
8	13. NAME Pet	-	Redden	COLLEG		Vaccionally institutors	2
FATHER	14. BIRTHPLACE		7.7	ster (	County	Name of operation Date of	~
ER	15. MAIDEN NAM			urgis		What tast confirmed diagnosis? Was there an autopsy	1/1
MOTHER	16. BIRTHPLACE (	(city or to	wn) Worce		County	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?	9
17.	INFORMANT_G	eorg			and	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurrad In INDUSTRY, In HOME, or In PUBLIC PLACE.	
18	BURIAL CREMATH	ON OR R	EMOVAL OTT		y 29th <sub>19</sub> 34	Manner of Injury	
19.	UNDERTAKER	enu		The	euson	24. Was disease or injury In any way related to occupation of dacaasad?	
20.	FILED Many	- 0-	. 0	in T.	Ruley	If so, spacify (Signed)	M. D.
1	*		•		Registrar.	(Address)	

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 WW 5 1834	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	1	(181)	
County	MX	Registration Di	st. No. 3 5 2
Village or City		No. f death occurred in a hospital or institution, give its NAME in	St., Ward
2. FULL NAME & M	new Ellen	Kinhondans	
(a) Residence: No.	A St. St. St. St. St. St. St. St.	St Ward.	
(a) Nosidoneo. No.	(Usual place of abode)		ve city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX  Jepule  4. COLOR OR RACE  White  5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH	/2 - , 193 (Year)
HUSBAND of (or) WIFE of	Cichardron	22. I HEREBY CERTIFY.	That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	June 21, 1858	I last saw have alive on	19; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2.30	74
15 100	2/   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Chr. Parevol.	Dete of onset
9. Industry or business in which work was done, as SILK MILL,		The About	
- this occupation (month and	11. Total time (years) spent in this	Perferences	
12. BIRTHPLACE (city or town) Trues (State or country)	elemperation makes	Other Contributary Causes of Importance:	
13. NAME Slengy C	Dings		
13. NAME  14. BIRTHPLACE (city or town)	risk	Name of operation	Date of
(State or country)	- water fact	What test confirmed diagnosis?	
15. MAIDEN NAME  16. BIRTHPLACE (city or town).	the Jones	23. If death was due to external causes (VIOLENCE) fill In	
16. BIRTHPLACE (city or town)	indakto,	Accident, suicide, or homicide? Dat	
X (State or country)	An 6	Where did Injury occur?	
17. INFORMANT CAST New (Address)	of Bishorts	(Specify city or too Specify whether Injury occurred in INDUSTRY, in HOME	wn, county and State) E, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	enter ma.	Manner of injury	
Place Colonypular	Date May 15, 19-34	Nature of Injury	
19. UNDERTAKER MACHINE (Address)	Posta Watson	24. Was disease or Injury in any way related to occupation	on of deceased?
20. FILED MOUNTS, 1934 V	or Mumberel	(Signed) (Pas-	fav. M.D.
	( ) No Registrar.	(Address)	V- 4.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	- 1	Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4.4	9

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year
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